Complete Summary

GUIDELINE TITLE

Hernias.

BIBLIOGRAPHIC SOURCE(S)

Hernias. Philadelphia (PA): Intracorp; 2005. Various p. [21 references]

GUIDELINE STATUS

This is the current release of the guideline.

All Intracorp guidelines are reviewed annually and updated as necessary, but no less frequently than every 2 years. This guideline is effective from April 1, 2005 to April 1, 2007.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Abdominal hernias:

- Inguinal (indirect or direct)
- Femoral
- Incisional

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Pediatrics
Surgery

INTENDED USERS

Allied Health Personnel
Health Care Providers
Health Plans
Hospitals
Managed Care Organizations
Utilization Management

GUIDELINE OBJECTIVE(S)

To present recommendations for the diagnosis, treatment, and management of hernias that will assist medical management leaders to make appropriate benefit coverage determinations

TARGET POPULATION

Adults and children with hernias

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis/Evaluation

1. Thorough history, physical examination, and assessment of signs and symptoms
2. Diagnostic tests:
    - Herniography
    - Ultrasound (rarely)
    - Magnetic resonance imaging (MRI)

Management/Treatment

1. Watchful waiting
2. Application of mechanical support
3. Open surgical repair with traditional tissue suture
4. Open surgical repair with mesh, tension-free graft
5. Transabdominal preperitoneal laparoscopic approach (TAPP) with or without mesh graft

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Searches were performed of the following resources: reviews by independent medical technology assessment vendors (such as the Cochrane Library, HAYES); PubMed; MD Consult; the Centers for Disease Control and Prevention (CDC); the U.S. Food and Drug Administration (FDA); professional society position statements and recommended guidelines; peer reviewed medical and technology publications and journals; medical journals by specialty; National Library of Medicine; Agency for Healthcare Research and Quality; Centers for Medicare and Medicaid Services; and Federal and State Jurisdictional mandates.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Not Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not stated

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Delphi)

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

A draft Clinical Resource Tool (CRT or guideline) is prepared by a primary researcher and presented to the Medical Technology Assessment Committee or

the Intracorp Guideline Quality Committee, dependent upon guideline product type.

The Medical Technology Assessment Committee is the governing body for the assessment of emerging and evolving technology. This Committee is comprised of a Medical Technology Assessment Medical Director, the Benefit and Coverage Medical Director, CIGNA Pharmacy, physicians from across the enterprise, the Clinical Resource Unit staff, Legal Department, Operations, and Quality. The Intracorp Guideline Quality Committee is similarly staffed by Senior and Associate Disability Medical Directors.

Revisions are suggested and considered. A vote is taken for acceptance or denial of the CRT.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Diagnostic Confirmation

Subjective Findings

- Abdominal pain (especially with exertion or coughing)
- Abdominal mass
    - Persistent
    - Recurrent
- Awareness of the mass or pain with/following exertion
- Frequent/recent heavy lifting
- Current pregnancy
- Obesity

Objective Findings

Abdomen

- Visible and/or palpable mass
    - Hernia sac may or may not be reducible (manually replaced by examiner into the abdomen)
    - May only be appreciated with exertion (hernia sac/wall of the peritoneum pushes against fingertip of the examiner that is positioned in the inguinal canal while patient coughs)
- Ascites

Diagnostic Tests

- Thorough history and physical exam
- Herniography, useful in patients with unexplained groin pain and no clinical evidence of a hernia, but physician wants to proceed with surgery
- Rarely, ultrasound may be useful to determine the nature of herniated tissue and, specifically, whether bowel is present: May also be useful when differentiating hernia from other causes of groin swelling
- Magnetic resonance imaging (MRI) of the affected region may also help in unusual circumstances where the diagnosis is unclear and/or an abscess or tumor is suspected and the surgeon would like better preoperative preparation.

Differential Diagnosis

- Hydrocele
- Varix
- Lipoma of the spermatic cord
- Enlarged or inflamed lymph node
- Undescended testicle
- Abscess
- Tumor

Treatment

Treatment Options

- Watchful waiting (for patient without symptoms)
- Medical management; application of mechanical support
    - Truss
    - Spandex garment
- Open surgical repair with traditional tissue suture
- Open surgical repair with mesh, tension-free graft
- Transabdominal preperitoneal laparoscopic approach (TAPP) with or without mesh graft
- (Note: State jurisdictional guidelines may supersede the recommendations of this guideline.)

Duration of Medical Treatment

- Non-Surgical - Optimal: 1 day(s), Maximal: 30 day(s)

- Surgical - Optimal: 3 day(s), Maximal: 60 day(s)
    - Tolerance to movement, lifting, and other activities varies from patient to patient, but most people recovered to nearly 100% functional capacity within 1 to 2 months.

Additional information regarding primary care visit schedules, referral options, and specialty care is provided in the original guideline document.

The original guideline document also provides a list of red flags that may affect disability duration, and return to work goals, including

- Medically managed, reducible hernia
- After endoscopic surgical repair
- After open procedure surgical repair
- Bilateral repair, open procedure

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate diagnosis, treatment, and management of hernias that assist medical management leaders to make appropriate benefit coverage determinations

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Hernias. Philadelphia (PA): Intracorp; 2005. Various p. [21 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1997 (revised 2005)

GUIDELINE DEVELOPER(S)

Intracorp - Public For Profit Organization

SOURCE(S) OF FUNDING

Intracorp

GUIDELINE COMMITTEE

CIGNA Clinical Resources Unit (CRU)
Medical Technology Assessment Committee (MTAC)

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

All Intracorp guidelines are reviewed annually and updated as necessary, but no less frequently than every 2 years. This guideline is effective from April 1, 2005 to April 1, 2007.

GUIDELINE AVAILABILITY

Electronic copies: Intracorp guidelines are available for a licensing fee via a password protected, secure Web site at www.intracorp.com.

Reprints of complete guideline content may be purchased for $35.00 per title (plus tax in TX at 8.25% and CT at 1.0%). Please send e-mail request to lbowman@mail.intracorp.com.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Policies and procedures. Medical Technology Assessment Committee Review Process. Philadelphia (PA): Intracorp; 2004. 4 p.
- Online guideline user trial. Register for Claims Toolbox access at www.intracorp.com.

Licensing information and pricing: Available from Intracorp, 1601 Chestnut Street, TL-09C, Philadelphia, PA 19192; e-mail: lbowman@mail.intracorp.com.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on May 31, 2005. The information was verified by the guideline developer on June 7, 2005.

COPYRIGHT STATEMENT

DISCLAIMER

NGC DISCLAIMER

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC Inclusion Criteria which may be found at http://www.guideline.gov/about/inclusion.aspx.

NGC, AHRQ, and its contractor ECRI make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

Date Modified: 10/9/2006